PTO/SB/21 (09-04)

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		Application Number	10/802,104				
TRANSMITTAL		Filing Date	03/16/2004				
FORM		First Named Inventor	Robert J. Crist				
		Art Unit	3682				
(to be used for all correspondence after initia	l filing)	Examiner Name	Luong, Vinh				
Total Number of Dance in This Submission	20	Attorney Docket Number	02-10				

100	ai Number of	rages in	Inis Submission			V 10				
ENCLOSURES (Object #1/4-4-1)										
ENCLOSURES (Check all that apply)										
✓	Fee Trans	mittal Fo			Drawing(s) (2 repla & 2 annotated) Licensing-related Papers			Appea	Illowance Communication to TC I Communication to Board eals and Interferences	
	Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement			Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD			Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Return Postcard			
Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53			Remarks The Commissioner is hereby authorized to charge any additional fees required (including the fee for any extension of time), or to credit any overpayment, to Deposit Acct. No.: 20-0809							
			SIGNA	TURE	OF APPLICANT, ATT	ORNEY. C	R AG	ENT		
Firm Name Thompson Hine LLP P.O. Box 8801, Dayton, OH 45401-8801										
Signature Office C. Motton										
rimied	d name	Jeffr	ey C. Metzca	r						
Date	Date 11/29/2006			Reg. No.			52,027			
CERTIFICATE OF TRANSMISSION/MAILING										
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Typed or printed name Jeffrey C. Metzcar Date 11/29/2006							11/29/2006			

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DEC 0 4 2006

Name (Print/Type) Jeffrey C. Metzcar

PTO/SB/17 (01-06)
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S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Date 11/29/2006

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Fees pursuant to the Consolida								
FEE TR								
Foi	Filing Date		3/16/200					
FUI	First Named Inv		obert J.					
Applicant claims small	7	Examiner Name		Luong, Vinh				
TOTAL AMOUNT OF PAY	MENT (\$)	180.00		Art Unit		682		
TOTAL AMOUNT OF FAIR		Attorney Docket	No. 10	02-10				
METHOD OF PAYMENT (check all that apply)								
✓ Check Credit Card Money Order None Other (please identify):								
✓ Deposit Account D	eposit Account	t Number: <u>20-080</u>	9	Deposit Ac	count Name	e:		
For the above-identif	fied deposit a	account, the Direct	tor is he	reby authorized to:	: (check al	ll that app	ıly)	
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FEE CALCULATION (A	II the fees	below are due	upon fi	ling or may be	subject 1	to a sur	charge.)	
1. BASIC FILING, SEAR			FEES	· ·				
	FILING F	FEES Small Entity	SEAF	RCH FEES	EXAMII	NATION		
Application Type	Fee (\$)	Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$	Small I Fee		Fees Paid (\$)
Utility	300	150	500	250	200	100)	
Design	200	100	100	50	130	65	5	
Plant	200	100	300	150	160	80)	
Reissue	300	150	500	250	600	300)	
Provisional	200	100	0	0	0	()	
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Total Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)								
4. OTHER FEE(S)								
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Information Disclosure Statement \$180.00								
SUBMITTED BY		4	-	Registration No		— Т	Tolonbana	
Signature Signature	x C.Mi	0	i	(Attomey/Agent) 5	2,027		r elephone (937-443-6841

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